PTO/SB/17 (07-07)

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Officer the Paperwork Reduction Act of 1555, no person are required to				Complete if Known				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known           Application Number         10/783,548-Conf. #7427				
				· · · · · · · · · · · · · · · · · · ·		February 20, 2004		
				First Named Inventor Mark L LA F				
For FY 2007				Examiner Name J. M. Wollscl			lager	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1732		1732		
TOTAL AMOUNT OF PAYMENT		(\$) 500.00		Attorney Docket No. H		H0005333-1160 (2929-0251P)		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number. 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
		LING FEES		ARCH FEES	EXAMIN	IATION FEES		
Application Type	e Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity	Fee (\$)	Small Entity	Fees P	aid (\$)
Utility	300	150	500	) Fee (\$) 250	200	Fee (\$) 100	1 663 1	<u> </u>
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		<del></del>
Reissue	300	150	500	250	600	300		<del></del>
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIR	Ü	Ū	Ü		Small Entity			
Fee Description Fee (\$)								
Each claim over 20 (including Reissues) 50								25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims 360 180								180
Total Claims			Paid (\$)	Multiple Dependent Claims				
		· = _			<u>Fe</u>	<u>e (\$)                                      </u>	ee Paid (\$	1
HP = highest number	of total claims paid for	, if greater than 20.						<u></u>
Indep. Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(\$)  Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1401 Notice of appeal 500.00								
SUBMITTED BY								
Signature	Registration No. (Attorney/Agent)	40,439	Telephone (703) 205-8035					
Name (Print/Type) Date August 22, 2								2, 2007